

2003-2004
TOBACCO USE PREVENTION EDUCATION EVALUATION
TEACHER SURVEY

WestEd has been contracted by the California Department of Health Services /Tobacco Control Program to evaluate tobacco use prevention education (TUPE) activities in a random sample of California middle and high schools. Your school and class were randomly selected to participate in this evaluation.

This is a survey about tobacco use prevention education at your school. Your responses will make a valuable contribution to our understanding of school-based tobacco use prevention efforts across California. The survey should take no more than 20 minutes to complete. We hope that you will take the time to complete it. You have the right to refuse to answer any question, although we hope you answer all of them.

Please do not write your name on the survey. Your responses will be treated as confidential data. All of your responses will be kept in strict confidence. For reporting purposes, survey results will be combined with those from other teachers across the State.

Please place your completed survey in the envelope, seal it, and return it to the data collector before he/she leaves your classroom. We thank you in anticipation of your thoughtful responses.

1. What grade level(s) do you teach? (Mark all that apply)

- | | |
|---|--|
| 1. <input type="checkbox"/> 4 th - 5 th grade | 5. <input type="checkbox"/> 9 th grade |
| 2. <input type="checkbox"/> 6 th grade | 6. <input type="checkbox"/> 10 th grade |
| 3. <input type="checkbox"/> 7 th grade | 7. <input type="checkbox"/> 11 th grade |
| 4. <input type="checkbox"/> 8 th grade | 8. <input type="checkbox"/> 12 th grade |

2. Which subject(s) do you teach? (Mark all that apply)

- | | |
|-------------------------------------|--|
| 1. <input type="checkbox"/> English | 5. <input type="checkbox"/> Social Science |
| 2. <input type="checkbox"/> Math | 6. <input type="checkbox"/> Health |
| 3. <input type="checkbox"/> Science | 7. <input type="checkbox"/> Physical Education |
| 4. <input type="checkbox"/> History | 8. <input type="checkbox"/> Other (specify:) _____ |

3. For how long have you been a teacher at this school?

Number of years: _____ years Number of months: _____ months

4. Are you currently one of the teachers at your school responsible for teaching a science-based tobacco use prevention curriculum?

1. ☐ Yes
2. ☐ No
3. ☐ I don't know / I am not sure

5. Does your school currently have a TUPE-funded competitive grant from the Safe and Healthy Kids Program Office, California Department of Education?

1. ☐ Yes
2. ☐ No
3. ☐ I don't know / I am not sure
4. ☐ Not currently, but we had one during the past school year (2002-2003)

6. In relation to other education topics, what priority does tobacco use prevention education hold at your school?
1. ____ The highest priority
 2. ____ A high priority
 3. ____ A moderate priority
 4. ____ A low priority
 5. ____ The lowest priority
 6. ____ I don't know / I am not sure
7. Does your school-site administrator expect you to teach tobacco use prevention lessons as part of your curriculum?
1. ____ Yes
 2. ____ No
 3. ____ I don't know / I am not sure
8. Does your school district administration expect you to teach tobacco use prevention lessons as part of your curriculum?
1. ____ Yes
 2. ____ No
 3. ____ I don't know / I am not sure
9. During the last school year (2002-2003), did you teach any tobacco use prevention lessons?
1. ____ Yes
 2. ____ No
 3. ____ I don't remember
10. During the last school year (2002-2003), on average how many hours did you spend teaching tobacco use prevention lessons to a classroom of students?
- Total number of HOURS: _____ (Note: If you are not sure, please give us your best estimate. If you did NOT teach tobacco use prevention lessons last year, write "0".)
11. During the current school year (2003-2004), have you taught any tobacco use prevention lessons?
1. ____ Yes
 2. ____ No
 3. ____ I don't remember
12. During the current school year (2003-2004), how many classroom HOURS have you spent teaching tobacco use prevention lessons to a classroom of students?
- Total number of HOURS: _____ (Note: If not sure, please give us your best estimate. If you did NOT teach tobacco use prevention lessons last year, write "0".)
13. During the last school year (2002-2003), did you teach any information about tobacco use that you infused into your subject areas (for example, discussing how many people use tobacco or the cost of using tobacco as part of a math lesson)?
1. ____ Yes
 2. ____ No
 3. ____ I don't remember

14. During the last school year (2002-2003), did you teach any tobacco use prevention lessons from a PUBLISHED curriculum? (*Note: By "published" curriculum, we mean those published by commercial companies, community organizations, your school district, etc.*)

1. ☐ I did not teach any tobacco use prevention lessons
2. ☐ I taught prevention lessons from a published curriculum or curricula
3. ☐ I taught prevention lessons, but did NOT use a published curriculum
4. ☐ I taught a science-based curriculum
5. ☐ I don't remember

15. From which of the following published curricula did you draw the tobacco use prevention lessons that you taught? (**Mark all that apply**)

1. ☐ Across Ages
2. ☐ All Stars™
3. ☐ East Texas Experiential Learning Center
4. ☐ Keep a Clear Mind
5. ☐ Botvin's LifeSkills™ Training
6. ☐ Minnesota Smoking Prevention Program
7. ☐ Positive Action
8. ☐ Project ALERT
9. ☐ Project SUCCESS
10. ☐ Project Toward No Drug Abuse (TND)
11. ☐ Project Toward No Tobacco Use (TNT)
12. ☐ Too Good for Drugs
13. ☐ Family Matters
14. ☐ Nurse-Family Partnership
15. ☐ Project STAR
16. ☐ Strengthening Families Program
17. ☐ Here's Looking at You, 2000
18. ☐ Quest Skills for Adolescence
19. ☐ Quest Skills for Growing
20. ☐ TAP or TEG (readiness to quit and cessation)
21. ☐ Curricula developed by the American Cancer Society
(Specify title(s)): _____
22. ☐ Curricula developed by the American Lung Association
(Specify title(s)): _____
23. ☐ Curricula developed by the American Heart Association
(Specify title(s)): _____
24. ☐ Curricula developed by your school district
(Specify title(s)): _____
25. ☐ Curricula developed by your county office of education
(Specify title(s)): _____
26. ☐ Tobacco Infusion Curriculum developed by the Sacramento County Office of Education (called "Tobacco Free!")
27. ☐ Other (Specify title(s)): _____
- i. _____
- ii. _____
28. ☐ None of these

- 16.** During the last school year (2002-2003), which of the following topics did you cover in your tobacco use prevention lessons? **(Mark all that apply)**

1. ☐ I did not teach tobacco use prevention lessons
2. ☐ Effects of tobacco on health
3. ☐ How many young people smoke
4. ☐ Reasons why young people smoke
5. ☐ Social consequences of using tobacco
6. ☐ Second-hand smoke
7. ☐ Social influences that promote tobacco use
8. ☐ Behavioral skills for resisting tobacco offers
9. ☐ General personal and social skills (e.g., problem-solving, assertiveness, communication, and goal-setting)
10. ☐ Tobacco cessation
11. ☐ Tobacco advertising and marketing
12. ☐ Cigar use
13. ☐ Other (specify:) _____

- 17.** During the last school year (2002-2003), how interested were your students in the tobacco use prevention lessons that you taught?

1. ☐ I did not teach tobacco use prevention lessons
2. ☐ The students were very interested
3. ☐ The students were moderately interested
4. ☐ The students were not too interested
5. ☐ The students were not at all interested

- 18.** In the tobacco use prevention lessons you taught last year (2002-2003), how much did you use the following instructional strategies? *(Please circle a response for each)*

	Strategy	A great deal	Some-what	Not too much	Not at all	I did not teach tobacco lessons
a	Classroom discussion	5	4	3	2	1
b	Small group activities	5	4	3	2	1
c	Lecture	5	4	3	2	1
d	Student worksheets	5	4	3	2	1
e	Role-playing	5	4	3	2	

1

- 19.** To what extent have you tried to get students' parents involved in tobacco use prevention education?
(Please circle a response for each)

Type of Involvement	Extent That You Tried to Get Parents Involved					
	Not at all	Very small extent	Small extent	Modest extent	Great extent	Very great extent
a. Included parents in homework assignments	0	1	2	3	4	5
b. Held meeting with parents of student smokers	0	1	2	3	4	5
c. Distribute parent/student handbook that included description of tobacco-free school policy	0	1	2	3	4	5
d. Distributed newsletters or educational materials to parents	0	1	2	3	4	5
e. Provided information on smoking cessation to parents	0	1	2	3	4	5
f. Had tobacco education displays or discussions at open houses for parents/meetings/health fairs	0	1	2	3	4	5
g. Invited parents to be guest speakers on tobacco issues	0	1	2	3	4	5
h. Involved parents in school related activities (e.g., as judges of poster/essay contests)	0	1	2	3	4	5
i. Other (describe) _____	0	1	2	3	4	5

20. Which of the following have been BARRIERS to your teaching of tobacco use prevention lessons? **(Mark all that apply)**

1. ☐ Tobacco use prevention is not part of my curriculum
2. ☐ Tobacco use prevention education is not mandated in my school or district
3. ☐ Tobacco use prevention is not part of student outcomes that are assessed
4. ☐ Lack of adequate instructional materials (or curricula)
5. ☐ Lack of time
6. ☐ Lack of substitute coverage and/or funding to pay for substitutes
7. ☐ Our school district has not made tobacco use prevention a high priority
8. ☐ Our school administrator has not made tobacco use prevention a high priority
9. ☐ I have not received adequate tobacco use prevention training
10. ☐ Other (describe) _____
11. ☐ None of these

21. To what extent do you think the following risk factors influence students to use tobacco? *(Please circle a response for each)*

Risk Factor	Extent That Risk Factor Influences Students Who Use Tobacco					
	Not at all	Very small extent	Small extent	Modest extent	Great extent	Very great extent
a. Friends' use	0	1	2	3	4	5
b. Family members' use	0	1	2	3	4	5
c. Family income	0	1	2	3	4	5
d. Availability	0	1	2	3	4	5
e. Use of other drugs	0	1	2	3	4	5
f. Ethnic / cultural background	0	1	2	3	4	5
g. Academic performance	0	1	2	3	4	5
h. Media messages	0	1	2	3	4	5
i. Insufficient tobacco use prevention education	0	1	2	3	4	5
g. Other (describe) _____	0	1	2	3	4	5

- 22.** In your school, WHO makes the decisions about which topics will be covered and which materials will be used in tobacco use prevention lessons? **(Mark all that apply)**

- 1. ☐ Teachers make all the decisions
- 2. ☐ Teachers make some of the decisions
- 3. ☐ Administrators (school-site and / or district) make all of the decisions
- 4. ☐ Administrators (school-site and / or district) make some of the decisions
- 5. ☐ I don't now / I am not sure

- 23.** Were you involved in making the decision about which tobacco use prevention materials are used at your school?

- 1. ☐ Yes
- 2. ☐ No

- 23.** During the past five years, have you participated in professional development that addressed any of the following topics? (Mark all that apply)

CHECK IF YES	TOPIC	NUMBER OF HOURS
<input type="checkbox"/>	Developmental assets	
<input type="checkbox"/>	Youth Development	
<input type="checkbox"/>	Science-based prevention & intervention programs	
<input type="checkbox"/>	Readiness to Quit programs	
<input type="checkbox"/>	Cessation programs	
<input type="checkbox"/>	Other:	

- 24.** During the past five years, how much tobacco use prevention training have you received?

- 1. ☐ None
- 2. ☐ More than one full-day of in-service training
- 3. ☐ One full-day of in-service training
- 4. ☐ Less than a full-day of in-service training
- 5. ☐ I don't remember

- 25.** During the past five years, were you trained to deliver a SPECIFIC published tobacco use prevention curriculum?

- 1. ☐ Yes
- 2. ☐ No
- 3. ☐ I don't remember

- 26.** Overall, to what extent do you feel you are prepared to teach tobacco use prevention lessons?

- 1. ☐ A great deal
- 2. ☐ Somewhat
- 3. ☐ Not too much
- 4. ☐ Not at all
- 5. ☐ Does not apply

- 27.** To what extent have your school DISTRICT administrators supported you in your teaching of tobacco use prevention lessons?

- 1. ☐ A great deal
- 2. ☐ Somewhat
- 3. ☐ Not too much

4. ____ Not at all
5. ____ I have not taught tobacco use prevention lessons / does not apply
- 28.** To what extent has your SCHOOL-SITE administrator(s) supported you in your teaching of tobacco use prevention lessons?
1. ____ A great deal
2. ____ Somewhat
3. ____ Not too much
4. ____ Not at all
5. ____ I have not taught tobacco use prevention lessons / does not apply
- 29.** To what extent have your colleagues or master teacher supported you in your teaching of tobacco use prevention lessons?
1. ____ A great deal
2. ____ Somewhat
3. ____ Not too much
4. ____ Not at all
5. ____ I have not taught tobacco use prevention lessons / does not apply
- 30.** Is there someone at your SCHOOL, such as a teacher or school-site administrator, who serves as the coordinator, advocate, or facilitator for tobacco use prevention education?
1. ____ Yes
2. ____ No
3. ____ I don't know / I am not sure
- 31.** How do you get your information about tobacco use prevention education? **(Mark all that apply)**
1. ____ From our school's designated tobacco use prevention coordinator / advocate / facilitator
2. ____ From our school district tobacco use prevention coordinator
3. ____ From our County Office of Education TUPE/Title IV/Health coordinator
4. ____ Other (please describe:) _____
5. ____ I get little or no information about tobacco use prevention education / does not apply
- 32.** During the last school year (2002-2003), did your school do any of the following? **(Mark all that apply)**
1. ____ Conduct activities as part of the American Cancer Society's "Teen Kick Ash"?
2. ____ Celebrate a special day called the "Great American Smokeout"
3. ____ Hold an assembly or other event about tobacco use prevention
4. ____ Hold a contest (for example, a poster or essay contest) about tobacco
5. ____ Sponsor an anti-tobacco club
6. ____ Participate in tobacco use prevention activities with the local health department
7. ____ Display tobacco-related posters (made by students or others)
8. ____ Offer smoking cessation classes or programs
9. ____ Celebrate Drug Free Week or Red Ribbon Week
10. ____ Other anti-tobacco activity (please describe) _____
11. ____ None of the above
12. ____ I don't know / I am not sure.
- 33.** During the last school year (2002-2003), what changes did you see in the amount of resources or materials available for tobacco education, compared to the previous year?
1. ____ We have a NEW science-based curriculum that we are teaching

2. ____ There are MORE resources and materials than last year
3. ____ There are FEWER resources and materials than last year
4. ____ I have seen no changes
5. ____ I don't know / I am not sure / Does not apply

34. In your opinion, to what extent is your school's tobacco-free school policy being enforced during school hours?

1. ____ A great deal
2. ____ Moderately
3. ____ Not too much
4. ____ Not at all
5. ____ I don't know / no opinion
6. ____ Our school does not have a tobacco-free school policy

35. Who is responsible for enforcing your school's tobacco-free school policy? (**Mark all that apply**)

1. ____ Administrators
2. ____ Faculty and Staff
3. ____ Security Guards
4. ____ Students
5. ____ Our school does not have a tobacco-free school policy

36. What happens to students who are caught using tobacco products at your school? (**Mark all that apply**)

1. ____ They are suspended / expelled
2. ____ They get a ticket from local police or school police
3. ____ They are referred to a special class
4. ____ They can choose to attend a special class in lieu of suspension
5. ____ They are referred to an adult counselor
6. ____ They are referred to a peer counselor
7. ____ They are given some other type of punishment
8. ____ Their parents are called in for a conference
9. ____ They are REFERRED to a tobacco cessation clinic or program
10. ____ They are REQUIRED to go to a special tobacco use prevention education class (i.e., Saturday school)
11. ____ They are permitted to smoke only in certain locations. If they are caught smoking in these locations, they are left alone.
12. ____ My school does not have a tobacco-free school policy
13. ____ Other (describe) _____
14. ____ I don't know / I am not sure

37. Are there signs posted at your school that let staff, students, and visitors know that tobacco use is prohibited?

1. ____ Yes
2. ____ No
3. ____ I don't know / I am not sure

38. How much do you personally support the tobacco-free school policy at your school?

1. ____ Very much

- 2. ____ Somewhat
- 3. ____ Not too much
- 4. ____ Not at all
- 5. ____ Our school does not have a tobacco-free school policy

39. Have you seen any students break the tobacco-free school policy?

- 1. ____ Yes
- 2. ____ No
- 3. ____ I don't remember
- 4. ____ Our school does not have a tobacco-free school policy

40. At your school, how many students would you estimate break the tobacco-free school policy?

- 1. ____ None
- 2. ____ A few
- 3. ____ Some
- 4. ____ Most
- 5. ____ All of them
- 6. ____ Our school does not have a tobacco-free school policy
- 7. ____ I don't know / I am not sure

41. At your school, how many teachers and other school staff would you estimate break the tobacco-free school policy?

- 1. ____ None
- 2. ____ A few
- 3. ____ Some
- 4. ____ Most
- 5. ____ All of them
- 6. ____ Our school does not have a tobacco-free school policy
- 7. ____ I don't know / I am not sure

42. Have you ever received any information from or seen fliers at your school about where school STAFF could go if they wanted help in quitting their tobacco use?

- 1. ____ Yes
- 2. ____ No
- 3. ____ I don't remember
- 4. ____ Does your school provide referrals to smoking cessation programs for faculty and staff?
- 5. ____ Yes, they are referred to an onsite program
- 6. ____ Yes, they are referred to an offsite program
- 7. ____ Yes, they are referred to the 800 NO BUTTS help line
- 8. ____ No
- 9. ____ I don't know

43. During the last school year (2002-2003), did you refer any students to your school's special classes, groups, or programs for tobacco cessation?

- 1. ____ Our school does not have any special classes, groups, or programs for student

tobacco cessation.

2. ☐ Yes, I referred one student
 3. ☐ Yes, I referred more than one student
 4. ☐ We have classes, but I did not refer any students
 5. ☐ I don't remember
- 44.** Are there resources at your SCHOOL (e.g., counselors or special programs) to which you could refer a student who asked you for help with a personal problem (e.g., a family or drug abuse problem)?
1. ☐ Yes
 2. ☐ No
 3. ☐ I don't know / I am not sure
- 45.** During the last school year (2002-2003), did you invite a GUEST SPEAKER from the community to talk to your students or staff about tobacco use?
1. ☐ Yes, to students only
 2. ☐ Yes, to staff only
 3. ☐ Yes, to staff and students
 4. ☐ No
 5. ☐ I don't remember
- 46.** Does your school have a peer helper, peer educator, or peer counselor program for students?
1. ☐ Yes
 2. ☐ No
 3. ☐ I don't know / I am not sure
- 47.** During the last school year (2002-2003) were any student peer leaders trained to go to any classes at your school to talk about tobacco use?
1. ☐ Yes
 2. ☐ No
 3. ☐ I don't remember
- 48.** During the last school year (2002-2003), did a trained student peer leader come to any of your classes to talk about tobacco use?
1. ☐ Yes
 2. ☐ No
 3. ☐ I don't remember
- 49.** Have you ever referred students or staff to the 1-800-NOBUTTS tobacco use counseling help line number to help them quit using tobacco? (MARK ALL THAT APPLY)
1. ☐ Yes, I advertised this information to students and staff
 2. ☐ Yes, I referred students to the help line during the last school year
 3. ☐ Yes, I referred students to the help line during the current school year
 4. ☐ No, because no one I encountered appeared to need it
 5. ☐ No, because I forgot what the number was
 6. ☐ No, because I was not aware of the 800-help line
- 50.** How many retailers sell cigarettes within 1000 feet of your school?
1. ☐ 0 retailers
 2. ☐ 1 retailer

- 3. ____ 2-3 retailers
- 4. ____ more than 3 retailers
- 5. ____ Don't know

51. In the past 12 months, has a tobacco company offered your school any tobacco education materials?

- 1. ____ Yes
- 2. ____ No
- 3. ____ I'm not sure

52. Is your school using, or planning to use, educational materials provided by a tobacco company in educating students about tobacco?

- 1. ____ Yes
- 2. ____ No
- 3. ____ I'm not sure

Note: The following questions concern your personal tobacco use history. Please remember that you have the right to refuse to answer any question.

53. Have you smoked at least 100 cigarettes in your entire life?

- 1. ____ Yes
- 2. ____ No

54. Do you NOW smoke every day, some days, or not at all?

- 1. ____ Every day
- 2. ____ Some days
- 3. ____ Not at all

55. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- 1. ____ I have never smoked cigarettes
- 2. ____ I did not smoke cigarettes during the last 30 days
- 3. ____ Less than 1 cigarette per day
- 4. ____ 1 cigarette per day
- 5. ____ 2 to 5 cigarettes per day
- 6. ____ 6 to 10 cigarettes per day
- 7. ____ 11 to 20 cigarettes per day
- 8. ____ More than 20 cigarettes per day

56. How many times have you tried to QUIT smoking cigarettes?

- 1. ____ I have never smoked cigarettes
- 2. ____ I have smoked cigarettes, but never tried to quit
- 3. ____ I tried to quit once
- 4. ____ I have tried to quit 2 or 3 times
- 5. ____ I have tried to quit 4 or more times
- 6. ____ I quit

57. What is your gender?

- 1. ____ Male
- 2. ____ Female

58. How much do you personally support the no-tobacco use policy for faculty and staff at your school?

1. ____ Very much
2. ____ Somewhat
3. ____ Not too much
4. ____ Not at all
5. ____ Our school does not have a no-tobacco use policy.

PLEASE MENTION OTHER COMMENTS THAT YOU MIGHT HAVE ABOUT THE TOBACCO
USE PREVENTION PROGRAM BELOW.

THANK YOU VERY MUCH!